SENATE BILL 399

March 2, 2004 Senate Floor

SENATE BILL 399 CREATES A NEW, OPTIONAL CERTIFICATE CALLED A **CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH**. THERE IS A \$10 FEE FOR THIS SERVICE.

THIS CERTIFICATE WOULD BE AVAILABLE IF DELIVERY OCCURS AT 20 WEEKS OR MORE **OR** IF THE STILLBIRTH WEIGHS 350 GRAMS OR MORE.

CURRENTLY, IN THE CASE OF A STILLBIRTH, THE STATE
REGISTRAR MAY RECORD INFORMATION ON A FETAL DEATH
REPORT FOR USE IN MEDICAL RESEARCH AND MAY USE THE
INFORMATION TO COMPILE STATISTICS. AFTER THE
INFORMATION FROM A FETAL DEATH REPORT IS RECORDED,
THE REPORT IS DESTROYED.

WOMEN WHO GIVE BIRTH TO STILL BORN CHILDREN HAVE NO OFFICIAL RECORD THAT THE BIRTH OCCURRED. IT WAS MENTIONED AT THE SENATE HEALTH COMMITTEE PUBLIC HEARING THAT SOME HOSPITALS PRINT CERTIFICATES ON SITE AND SEND THAT HOME WITH FAMILIES. HOWEVER, IT WAS MADE VERY CLEAR AT THE HEARING THAT MOTHERS WHO HAVE EXPERIENCED A STILL BIRTH WANT AN OFFICIAL

RECORD OF THE DELIVERY OF THEIR STILL BORN BABIES WITH THE STATE REGISTRAR. THEY CLEARLY WANT AND DESERVE RECOGNITION OF THE STILL BIRTH OF THEIR BABIES.

I WOULD LIKE TO READ EXCERPTS FROM A LETTER SUBMITTED TO THE COMMITTEE FROM A WOMAN WHO HAS GONE THROUGH LABOR AND HAS DELIVERED A STILL BORN BABY.

(LETTER ATTACHED)



STATE OF WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES

PEGGY L. PETERSON

FIELD REPRESENTATIVE BUREAU OF HEALTH INFORMATION DIVISION OF HEALTH CARE FINANCING

1 W. WILSON ST. P.O. BOX 309 MADISON, WI 53701-0309 (608) 267-7812 FAX (608) 261-4972 peterpl@dhfs.state.wi.us CELL (608) 516-6260 Testimony by Peggy Peterson from the Department of Health and Family Services on SB 399/AB 798

I am here today on behalf of the Department of Health and Social Services to speak on bills SB 399/AB 798.

While the department has registered in opposition to the bills as written, the department would like to emphasize the fact that we recognize families' desires to have documents commemorating the importance of their stillborn infants in their lives. However, issuance of this type of commemorative document should not be a government process. It is a service that is currently being provided by some hospitals and should continue to be provided through that mechanism. The role of the Vital Records Office should be in removing financial and technological barriers so that all Wisconsin birthing hospitals (and potentially funeral homes) can issue stillbirth documents to families conveniently and at a minimum cost.

In October of 2003, in response to inquiries on this subject, the Vital Records Section of the Bureau of Health Information began exploring the possibility of a hospital-based issuance program for a commemorative stillbirth document. Our office staff consulted with staff from several birthing hospitals, grief counseling professionals, several national vital records software vendors, the Executive Director of the Wisconsin Funeral Director's Association and a parent who has been requesting such a document. From those discussions, it became clear that a hospital/funeral home-based issuance program for commemorative stillborn documents provides a better solution for these families, for the following reasons:

1. It would be more cost-effective and convenient for families.

- Several hospitals currently have a commemorative stillbirth document that they issue to parents.
 Hospitals could choose to continue to produce those documents, as a service that is integrated into their grief-counseling programs.
- For hospitals that do not currently have a commemorative document for stillbirths, our office has
 developed a template that can be shared with them electronically and the documents can be
 produced for relatively little cost.
- When the present electronic birth registration process is upgraded, it will have the capability to issue a commemorative stillbirth record at the birthing hospital, as a standard report feature.
- Funeral directors would also be given access to the same electronic form and could serve those parents when hospital records are not available and when the delivery occurred at home.
- Under this bill, parents will need documentation from a hospital (or funeral home) to prove that the stillbirth occurred. In a hospital/funeral home-based issuance system, that facility would also issue the document, eliminating the need to send for the certificate.
- Due to department budgetary concerns, including ongoing staff reductions, hospitals and funeral homes would undoubtedly be able to process copy requests in a much more timely manner.

2. It could be more inclusive in providing services.

- Hospitals and funeral homes would not have to limit this service to families who have sustained a 20-week fetal loss. A family who loses a fetus at 18 or 19 weeks could also receive this service.
- The document would offer families a document that resembles a hospital birth "souvenir" document. It would include a space for footprints (if available) and the names of all delivery attendees. Birth certificates are designed to show proof of identity and do not include these items.
- Since the document would not be issued by a government office, problems associated with paternity establishment would be lessened (a non-marital father could be listed on the document and a copy issued to him).

3. It would provide greater protection against fraudulent use of vital record documents.

Under this bill, the stillbirth certificate must look like a birth certificate. Current law prohibits the
issuance of documents that could be mistaken for legal birth records [s. 69.24 (1), Wis. Stats.].
This is a fraud-control measure endorsed by federal law enforcement and security agencies. The
proposed hospital/funeral home-based document is designed to adhere to current law.



STATE REPRESENTATIVE • 21" ASSEMBLY DISTRICT

Testimony on AB 798/SB 399

Dear Committee Members,

Thank you for holding this hearing today. This bill is simple and straight forward, and has the potential to help hundreds of families in Wisconsin each year.

The issue is this- in Wisconsin there are approximately 450 stillbirths each year. Wisconsin does not offer to the parents of these children a certificate of birth or death, but rather a fetal death report is filed with the State Registrar for statistical purposes, and then the report is destroyed. Parents can request a copy of this report, however it is a cold document that is not one that a mother or father would want to frame and hold onto as a keepsake.

A fetal death report is created whenever a stillbirth occurs after 20 weeks of pregnancy or the fetus weighs at least 350 grams. This bill requires that when a fetal death report is created, the mother be made aware that she also can have a "certificate of birth resulting in stillbirth" filled out. This certificate will look similar to a "certificate of birth resulting in live birth," which is the document parents of living babies receive. This certificate is optional, costs the same as a regular birth certificate, \$10 dollars, and will help these parents cope and find closure.

Any of you who are a parent knows that pregnancy is an event-whether the baby is born alive or still, the mother goes through the same pains and emotions, even more so if the baby is born still. The certificate created by this bill will give the mothers of stillborn children the assurance that they did indeed go through pregnancy and birth, even though-at no fault of their own- the child was born still.

The trend of states creating such certificates began in 2001 with Arizona passing the first such law. Since that time, a movement has ignited to pass these laws in every state in order to recognize these mothers and help them find closure. To date, my office is aware that these certificates are available in 13 other states, and are being worked through the legislatures in 17 others. In almost every state, the bill passes unanimously without opposition. Illinois, Iowa and Michigan have this law; Minnesota and Ohio are working on it.

I ask you to please recommend this bill for passage, and help hundreds of Wisconsin families each year come one step closer to closure after the death of a child.

Thank you.

Working For You!

Halbur, Jennifer

From:

Asbjornson, Karen

Sent:

Tuesday, March 02, 2004 7:19 AM

To:

Halbur, Jennifer

Subject: FW: PLEASE SUPPORT SB 399 / AB 798 (Stillbirth

CR email

Karen Asbiornson Office of Senator Carol Roessler (608) 266-5300/1-888-736-8720 Karen. Asbjornson@legis.state.wi.us

----Original Message----

From: Cherie Klopp [mailto:cherklop@yahoo.com]

Sent: Monday, March 01, 2004 2:36 PM

To: sen.harsdorf@legis.state.wi.us; sen.jauch@legis.state.wi.us; sen.kanavas@legis.state.wi.us; sen.kedzie@legis.state.wi.us; sen.lasse@legis.state.wi.us; sen.lassa@legis.state.wi.us; sen.lazich@legis.state.wi.us; sen.leibham@legis.state.wi.us; sen.meyer@legis.state.wi.us; sen.moore@legis.state.wi.us; sen.panzer@legis.state.wi.us; sen.plale@legis.state.wi.us; sen.reynolds@legis.state.wi.us; sen.risser@legis.state.wi.us; sen.robson@legis.state.wi.us; sen.schultz@legis.state.wi.us; sen.roessler@legis.state.wi.us; sen.stepp@legis.state.wi.us; sen.welch@legis.state.wi.us; sen.wirch@legis.state.wi.us; sen.zien@legis.state.wi.us; sen.breske@legis.state.wi.us

Subject: Fwd: PLEASE SUPPORT SB 399 / AB 798 (Stillbirth Certificates)

Cherie Klopp <cherklop@yahoo.com> wrote:

Date: Mon, 1 Mar 2004 12:34:10 -0800 (PST)

From: Cherie Klopp

Subject: PLEASE SUPPORT SB 399 / AB 798 (Stillbirth Certificates)

To: sen.breske@legis.state.wi.us, sen.brown@legis.state.wi.us, sen.carpenter@legis.state.wi.us, sen.chvala@legis.state.wi.us, sen.coggs@legis.state.wi.us, sen.cowles@legis.state.wi.us, sen.darling@legis.state.wi.us, sen.decker@legis.state.wi.us, sen.ellis@legis.state.wi.us, sen.erpenbach@legis.state.wi.us, sen.fitzgerald@legis.state.wi.us, sen.hansen@legis.state.wi.us

Dear Senators:

As the Wisconsin Director of the National Stillbirth Society and a Stillbirth Mother, please vote in favor of SB 399/ AB 798 a Certificate of Birth Resulting in Stillbirth.

Because all of our Children matter.

Thank you,

Cherie Klopp

Eagle River, WI	
Do you Yahoo!? Get better spam protection with Yahoo! Mail	
"This e-mail made with 100% recycled electrons and magnetic material."	
Do you Yahoo!? Get better spam protection with Yahoo! Mail	

Halbur, Jennifer

From: Asbjornson, Karen

Sent: Tuesday, March 02, 2004 6:44 AM

To: Halbur, Jennifer

Subject: FW: Stillbirth certificate legislation

CR email

Karen Asbjornson Office of Senator Carol Roessler (608) 266-5300/1-888-736-8720 Karen.Asbjornson@legis.state.wi.us

----Original Message----

From: Ann Kemmeter [mailto:kemmeter@charter.net]

Sent: Monday, March 01, 2004 5:30 PM To: sen.roessler@legis.state.wi.us Subject: Stillbirth certificate legislation

Please support this bill Stillbirth cirtification legislation.

Thank You, Ann Kemmeter

Chapter Leader of the Wildwoods Chapter of The Compassionate Friends in Rhinelander, Wisconsin

STATE REPRESENTATIVE . 21st ASSEMBLY DISTRICT

March 3rd, 2004

Senator Roessler State Capitol, Room 8 South Hand Delivered

Dear Senator Roessler,

Thank you for your favorable vote for SB 399 on March 2nd. This is a simple bill, but an extremely important bill for those families whom it will affect.

Thank you again. I look forward to working with you on future bills that are good for Wisconsin families.

ark Honadel

Sincerely.

CAROL - 21st Assembly District

THANKS FOR ALL YOUR HELP ON THIS

BYLL!

Working For You:



LATURE until

Wisconsin Legislature

P.O. BOX 8952 - MADISON, WI 53708

FOR IMMEDIATE RELEASE March 4th, 2004

For further information, contact: Rep. Mark Honadel (608) 266-0610 Senator Carol Roessler (608) 266-5300

Heavenly Angels Bill Passes Legislature

Senate votes 28-5, Assembly votes 85-14

MADISON—SB 399 has gained approval from the legislature, and now only needs a signature from Governor Doyle before it will become law. The measure, introduced by Representative Honadel (R-South Milwaukee) and Senator Carol Roessler (R-Oshkosh) will create a 'Certificate of Birth Resulting in Stillbirth.' This new birth certificate will be offered to the hundreds of families each year who endure the tragedy of a stillbirth. There have been on average 442 stillbirths in Wisconsin each year since 1980.

"I really appreciate the strong bipartisan support for this bill," said Honadel. "This is a simple bill, but an extremely important measure for those families whom it touches. 6.2% of all pregnancies in Wisconsin end in stillbirth- now those pregnancies will be officially recognized."

The bill will require the state registrar to create the certificate and make hospitals aware of its existence by August 1st, 2004. After that time, parents of stillborn children will be able to request the certificate, pay a small fee, and receive the certificate—the same process currently used for birth certificates. The bill also allows for mothers and fathers of past stillborn children to submit the necessary evidence of the stillbirth and receive the certificate, thereby recognizing all parents of stillborn children.

"Clearly, this official certificate of birth resulting in stillbirth is very significant in recognizing the birth of still born babies," said Roessler. "Providing families with an official record of birth will help families to heal and reach a point of closure. These babies deserve to be recognized as more than a reference on their mother's medical record."

Beyond the strong bipartisan support from both the Senate and Assembly, SB 399 is also supported by the Heavenly Angels Organization from Milwaukee, the National Stillbirth Society, Pro-life Wisconsin, the Wisconsin Catholic Conference, and dozens upon dozens of mothers and fathers of stillborn children from around the state. Similar bills have become law in 13 other states, and are being worked on in at least 17 others.



P.O. BOX 8952 - MADISON, WI 53708

FOR IMMEDIATE RELEASE March 10th, 2004

For further information, contact: Rep. Mark Honadel (608) 266-0610 Senator Carol Roessler (608) 266-5300

Heavenly Angels Bill Passes Legislature

Senate votes 28-5, Assembly votes 69-29

MADISON—SB 399 has gained approval from the legislature, and now only needs a signature from Governor Doyle before it will become law. The measure, introduced by Representative Honadel (R-South Milwaukee) and Senator Carol Roessler (R-Oshkosh) will create a 'Certificate of Birth Resulting in Stillbirth.' This new birth certificate will be offered to the hundreds of families each year who endure the tragedy of a stillbirth. There have been on average 442 stillbirths in Wisconsin each year since 1980.

"I really appreciate the strong bipartisan support for this bill," said Honadel. "This is a simple bill, but an extremely important measure for those families whom it touches. 6.2% of all pregnancies in Wisconsin end in stillbirth- now those pregnancies will be officially recognized."

The bill will require the state registrar to create the certificate and make hospitals aware of its existence by August 1st, 2004. After that time, parents of stillborn children will be able to request the certificate, pay a small fee, and receive the certificate—the same process currently used for birth certificates. The bill also allows for mothers and fathers of past stillborn children to submit the necessary evidence of the stillbirth and receive the certificate, thereby recognizing all parents of stillborn children.

"Clearly, this official certificate of birth resulting in stillbirth is very significant in recognizing the birth of still born babies," said Roessler. "Providing families with an official record of birth will help families to heal and reach a point of closure. These babies deserve to be recognized as more than a reference on their mother's medical record."

Beyond the strong bipartisan support from both the Senate and Assembly, SB 399 is also supported by the Heavenly Angels Organization from Milwaukee, the National Stillbirth Society, Pro-life Wisconsin, the Wisconsin Catholic Conference, and dozens upon dozens of mothers and fathers of stillborn children from around the state. Similar bills have become law in 13 other states, and are being worked on in at least 17 others.





From:

Reader, Chris

Sent:

Monday, May 03, 2004 11:22 AM

To:

Halbur, Jennifer

Hey Jennifer,

On Friday (the 7th) we are going to present a plaque with a copy of WI act 300 to Rebecca Lomis-Stephan (the founder of the heavenly angels organization). The presentation will be in Milwaukee county at 10:30 or 11, location still to be determined.. but probably at her house or Honadel's house. We have a committment from Channel 12 in Milwaukee for coverage as part of their mother's day coverage over the weekend.

Does Senator Darling have any interest in being at this as well? We are also inviting Chris Sinicki- she took some heat in her caucus and from Doyle for the bill. I'll be sending out the media advisory on wednesday, so just let me know by then if she will be able to make it or not.

Thanks!

Chris

399

6-28-04

Linda Huffer

Stillbirth certificates will be available starting August 2004.

The contact person to get an application from is Peggy Peterson at the DHFS. Her number is 267-7812. Individuals should leave a message indicating that they would like to have an application for stillbirth sent to them. Peggy will ensure an application gets sent out.

There is no way to get a certificate for a stillbirth occurring in the 1960's. There are no records of these births at the state level or at hospitals.

CR request - 8/3/04
Call Blo Tuchign
800 - 533 - 4402
Tell him that still
birth Cartificates are
cavailable - tell him
how to get one.
4 Done?

MEMBERSHIP APPLICATION

symbol of our caring for all stillborn babies. our future. First time members receive the beautistillbirth is invited to join in the fight against this stillborn babies. Anyone who has been touched by open to parents, family members and friends of YOUR NAME: ful sterling silver "Missing Angel Pin" to wear as a terrible scourge that destroys our dreams and steals Membership in The National Stillbirth Society is

to be relied upon, as medical advice. In all circumstances consult with your doctor. Statements contained herein are facts and opinions of NSS and are not intended

SUDDEN ANTENATAL DEATH SYNDROME



79058 SA ,xin9od9 Post Office Box 10273 National Stillbirth Society

Destroys

reams

the United States last year. Full term and perfectly developed Camille Rayana Olsen was one of 26,000 babies born "still" in



CAUSE (IF KNOWN)

BESTATIONAL ABE:

] Annual Membership Dues . .

35.00

] Additional Pins @ \$20 ea.

BABY'S NAME:

E-MAIL ADDRESS:

TELEPHONE:

CITY/STATE/ZIP:

ADDRESS:

DATE OF LOSS:

she died on the eve of her planned delivery as her mother slept

and recognition for our babies who died before they were born A parent-led, non-profit, Internet based organization founded to "educate and agitate" for greater stillbirth awareness, research The National Stillbirth Society Inc.

www.stillnomore.org

Signature:

NAME OF CAROHOLDER:

Make checks payable to the National Stillbirth Society To pay by credit card, please complete below and sign.

0

] Voluntary Bift (insert amount)

SADS, the medical term for what most refer to as stillbirth, is an equal opportunity destroyer of dreams. More than 70 babies are born "still" in the United States every day, many of them at full term. For some the cause is determinable, but for over half, doctors are not able to find an identifiable medical reason why they died!



We're not talking about miscarriages, those fetal deaths that occur prior to 20 weeks. We are talking about babies, the majority of them viable and capable of living outside their mother's womb. We call these babies "vianates".

why wombs become tombs for so many of our babies, some just weeks, days, even hours before they are born. Why do they die so close to life? At a time when one would assume the hurdles had all been crossed, the only thing we know for sure is stillbirth is rarely caused by something their mother did.

Stillbirth is the last unsolved mystery of obstetrics. Why 26,000 die every year defies medical explanation. For mothers who suffer stillbirth there is no reward for enduring the discomfort of pregnancy and the pain of delivery. SADS parents are sent home without their babies, to plan for a funeral as the law requires.

One might expect an autopsy would explain why a baby died, but it rarely does. Autopsy protocols don't go far enough in searching for answers. That's why we advocate adoption of a uniform post-mortem protocol by all 50 states.

More thorough stillbirth data, consistently collected and accurately reported, may help uncover a preventable cause. Along these lines we're working with a California doctor who is developing a fetal heartbeat monitor for home use, based on a NASA invention used by our astronauts. We're searching everywhere for the answers to explain why our babies are dying.

When an airplane crashes, the "black box" is examined to find out the cause. But where's the "black box" that can tell us why pregnancies crash? How can our crashes be prevented if we don't know the cause? Who's searching for it?

On average, one in 115 deliveries is a dead baby. A baby just like all the others, except it won't be going home. A baby whose mother sang songs, chose a name and dreamed dreams. A baby who was nurtured, loved and eagerly and excitedly anticipated. And a bereaved mother whose milk will come in soon, a cruel reminder of a baby that should be in her arms, but isn't.

Mothers-to-be, from all walks of life, face the same risk of stillbirth. That's what makes it an equal opportunity destroyer of dreams. Because



doctors can't tell women what causes stillbirth, there is no certain way to prevent it.

Take your folic acid, don't smoke, drink or use drugs.

These are good suggestions for avoiding early pregnancy losses, but what can one do

nearing the "finish line", when so many still-births occur? Counting kicks is one way to monitor a baby's well-being.

A kicking baby is a healthy baby. A baby who doesn't kick may be in danger, especially for women over 35, or if this is one's first baby. Heed what your body is telling you. If it says to you something seems unusual, have your baby evaluated at once. Don't let anyone tell you to check back with them in the morning.

Babies die with alarming frequency during maternal sleep...when their mother's blood pressure is at its lowest. The next morning may be too late! Fetal death is a process that can last up to several hours. Interrupt the process and a mother might just end up saving the life of her baby. It could be that simple! But we won't know until NICHD tests our theory.

are still dying. While some stillbirths may be unavoidable, we may be able to help prevent the loss of the unexplained two-thirds who are dying for no identifiable medical reason.

The National Stillbirth Society was formed to educate and agitate for stillbirth awareness, promote research and pass legislative reforms like Arizona's Missing Angel Act. It requires states to issue a Certificate of Birth Resulting in Stillbirth for every stillborn baby. It's not a Certificate of Live Birth by a long shot, but it recognizes a child was born and it permits parents to name their baby in official county records. We will enact it in all 50 states!

Our Missing Angel — The sterling silver pin shown below is the logo of The Missing Angel Foundation, a companion fundraising organization, formed together with NSS, to support research into stillbirth. We've chosen to make the angel our membership pin we wear in memory of our stillborn babies. You'll receive an angel pin when you join the Society. (The actual pin is larger than shown here.)

When visiting our website please be certain to follow all the links. It is rich in content. You



will find information links to our e-mail sign-up form and membership forms on the first page. Use them and become an activist parent. It may be painful at first,

an injury, but it will heal your soul quicker than anything else you can do. I thought my life had ended when I lost Camille. I was 60 years old and she was my only child. Now I have a new purpose and a reason to fight on. She saved me, as your baby will save you.



S.A.D.S.

Founder & Executive Director

Januaryen-I MINK te teshnical momo is probably tright on 3/19. Deres a whole procedure 12 1.69.14 for getting the fater's Iname on a Girth Certificate - ma Mis isn't cross-paperenced in SB 399.

State of Iowa Certificate of Stillbirth

The State Registrar of Vital Records is proud to acknowledge

Nora Elizabeth Grothe

delivered on June 3, 2001, in the county of Johnson

and cherished by her mother

Christine M. Biscoe Grothe

and father

Barry K. Grothe

This event has been recorded with the lowe Department of Public Health, Office of Vital Records on *June 27, 2001*, under State File Number 114-2001-00080.

The State Registrar of Vital Records hereby certifies that the above facts are recorded with the State of Iowa.

> Stephen C. Gleason, State Registrar Director, Iowa Department of Public Health

Issued this date of August 8, 2001.





EAST CHICAGO HEALTH DEPARTMENT

EAST CHICAGO, INDIANA

Certificate of Birth Resulting in Stillbirth

ACCORDING to the records of the EAST CHICAGO HEALTH DEPARTMENT

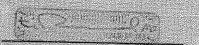
NAME SHAWN CHRISTOPHER MENSING JR. (Deceased)

Was delivered in EAST CHICAGO, Indiana, on JULY 18, 1990

To SHAWN CHRISTOPHER AND ANGELA MICHELLE MENSING

Local number 468

HEALTH OFFICER SIGNATURE



July 1, 2002

THIS CERTIFICATE IS NOT PROOF OF A LIVE BIRTH

DRAFT

Commemorative Keepsake of Delivery

for a Stillbirth

FOR:

Name of Phild

BORN TO:

Mother's Kame Sather's Kame

ON: Samuary 1, 2004 AT: 12.01 A.M.

IN: Hospital Hame, Place, Wisconsin

AT THE GESTATIONAL AGE OF: in Weeks

GENDER: Wale/Semale

WEIGHT: in Clos & Oz

LENGTH: inches

BIRTH ATTENDANTS:

Hame of M. $\overline{ }$ and other Attendees

Quietly you came into our lives – forever to be loved, never to be forgotten.

Wisconsin Keepsake Record of Delivery For a Stillbirth

FOR:

John Ryan Smith

BORN TO:

Janet Rose (Johnson) Smith Ryan Bradley Smith

ON: April 2, 2003 AT: 12.45 R.M.

IN: Community Memorial Hospital, Rake Raverne, Wisconsin

BORN: First of one AT THE GEL

AT THE GESTATIONAL AGE OF: 20 Weeks

GENDER: 800

WEIGHT: 18b. 2 oz

LENGTH: 15 inches

BIRTH ATTENDANTS:

Eileen Moore, M.D. and Charlotte Emerson, R.H.M.

RIGHT FOOTPRINT

LEFT FOOTPRINT

Example of a typical hospital birth "souvenir" record. This would not meet the statutory restrictions of s. 69.24 (1), Wis. Stats.

		T A			
		Free Plants			
	arnall Army	i Commi	unity Ho.	spital	
Was born at	rtifies that Darnall Army Community Ho.		Cn		
Father's Inte	Nume			· ·	
Mother's Alaic	len Name		taic Valv		1
Mother's Bire	liplace	<u> </u>	Tale		
Residence at .	Birth				
Sex_ Delivered By	Weight at Birth Pr	randsCances Les	igth Inches		
Bornard L Colonel, Medica Commander	De Kaning d'Oerps	Jan Con Tan	lav W. Rood M. USS umand Gerguant Major	Q RES	
				A BC	agj.

Elements present on a standard certified copy of a Wisconsin Birth Certificate:

Since certified copies of birth certificates are generally sought for use in proof of identity, minimal information is provided on those documents, unless the applicant asks for a long form of the document. For about 95% of requests for certified copies of birth certificates processed at the State Vital Records Section, the following information is the only information provided on the copy issued:

- 1. Name of Child
- 2. Date of Birth
- 3. Sex of Child
- 4. County of Birth
- 5. File Date
- 6. Name of Mother (Current)
- 7. Name of Father (Current) (only if he is the husband of the mother or his paternity has been established through legal means)

Type or Print in Permanent Black ink DOH 5042 Rev. 9-96 Chapter 69, Wis. State

STATE OF WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES

STATE FILING NO.

REPORT OF FETAL DEATH

FOR STATISTICAL PURPOSES ONLY

2. ATTENDANT NAME 10. WISCONSIN LICENSE NUMBER 11. ITTLE 3. 4 Cht. 5. LMD. 2 D. Chim MOW. Chim License Number 12. LMD. 2 D. Chim MOW. Chim License Number 13. MAILING ADDRESS OF BILING PARTY (Street & Number - City, State, ZIP) 13. MAILING ADDRESS OF BILING PARTY (Street & Number - City, State, ZIP) 14. NAME AND COMPLETE ADDRESS OF FACILITY DISPOSING OF REMAINS 15. MOTHER'S CURRENT NAME (First, Middle, Last) 16. MOTHER'S BIRTH SURNAME 17. RESIDENCE - STATE 18. RESIDENCE - COUNTY 19. RESIDENCE INSIDE CITY, VILLAGE, TOWNSHIP 20. (CHECK ONE) 21. B. MOTHER'S BIRTH SURNAME 21. B. MOTHER'S BIRTH SURNAME 22. MOTHER MARRIED? 23. MOTHER MARRIED? 24. MOTHER MARRIED? 25. MOTHER MARRIED? 26. MOTHER MARRIED? 27. PREVIOUS DELIVERIES 28. MOTHER MARRIED. 29. MOTHER MARRIED. 20. COLUMNSHIP 20. (CHECK ONE) 21. B. MOTHER'S BIRTH SURNAME 22. HUSBAND'S DATE OF BIRTH (Month, Day, Year) 22. RAGE 23. MOTHER MARRIED. 24. MOTHER MARRIED. 25. MOTHER MARRIED. 26. MOTHER MARRIED. 27. PREVIOUS DELIVERIES 28. MOTHER MARRIED. 29. MONTH OF PRENANCY PERMATAL CARE BEGGAN PREMATAL VISITS MENSES BEGGAN NOW DOAD 30. MONTH OF PRENANCY YES 17. Yes 18. Yes, avg. number NOW DOAD 18. Number 19. No DITTENSION OF TROMB NON DOAD 30. MONTH OF PRENANCY? 31. ALCOHOL USE DURING PREGNANCY? YES 18. Yes, avg. number NO DITTENSION OF REAL CAUSED BY: PHONTION OF PRENANCY? 19. NO DITTENSION OF REAL CAUSED BY: PHONTION OF PRENANCY? 19. NO DITTENSION OF REAL CAUSED BY: PHONTION OF REAL CAUSED BY: PHONTI		NAME (First, Middle, Last) (Optional - May be left blank)		11	DATE OF DELIVERY (Month, Day, Year)		2 HOUR 3. SEX Male Female	
9. ATTENDANT NAME 10. WISCONSIN LICENSE NUMBER 11. TITLE 12. PILING PARTY IS. 63 (8(5)(6)) NAME AND TITLE 13. MAILING ADDRESS OF BILING PARTY (Street & Number - City, State, 2IP) 14. NAME AND COMPLETE ADDRESS OF FACILITY DISPOSING OF REMANS 15. MOTHER'S CURRENT NAME (First, Middle, Last) 16. MOTHER'S SIRTH SURNAME 17. RESIDENCE - STATE 18. RESIDENCE - COUNTY 19. RESIDENCE INSIDE CITY, VILLAGE, TOWNSHIP 20. (CHECK ONE) 21. IS MOTHER MARRIED 22. LIS MOTHER MARRIED 23. ALC BUSINESS OF BILING PARTY (Street & Number - City, State, 2IP) 24. IS MOTHER MARRIED 25. ALC BUSINESS OF BILING PARTY (Street & Number - City, State, 2IP) 26. White, Black, Spooty-Cuban, Mansion, Implicate Gross Completes 27. PREVIOUS DELIVERIES 28. ALC BUSINESS OF BILING PARTY (Month, Day, Vear) 29. ALC BUSINESS OF BILING PARTY (Month, Day, Vear) 29. ALC BUSINESS OF BILING PARTY (Month, Day, Vear) 20. CHECK ONE) 21. IS MOTHER MARRIED 22. LISSANDO SIGNATION 23. ALC BUSINESS OF BILING PARTY (Month, Day, Vear) 24. HISPANDO CHAIN, Month of Business 25. DATE PERFORMANCY 26. EMPLOYMENT ONE YEAR ASO NOW LIVING NOW LIVING NOW LIVING ONE AND THE PRESIDENCE OF THE PARTY ONE YEAR ASO NOW LIVING ONE AND THE PRESIDENCE OF THE PARTY ONE YEAR ASO NOW LIVING ONE AND THE PARTY ONE YEAR ASO NOW LIVING ONE AND THE PARTY ONE YEAR ASO NOW LIVING ONE AND THE PARTY ONE YEAR ASO NOW LIVING ONE AND THE PARTY ONE YEAR ASO NOW LIVING ONE AND THE PARTY ONE YEAR ASO NOW LIVING ONE AND THE PARTY ONE YEAR ASO NOW LIVING ONE AND THE PARTY ONE YEAR ASO NOW LIVING ONE AND THE PARTY ONE YEAR ASO NOW LIVING ONE AND THE PARTY ONE YEAR ASO NOW LIVING ONE AND THE PARTY ONE YEAR ASO NOW LIVING ONE AND THE PARTY ONE YEAR ASO NOW LIVING ONE AND THE PARTY ONE YEAR ASO NOW LIVING ONE AND THE PARTY ONE YEAR ASO NOW LIVING ONE AND THE PARTY ONE YEAR ASO NOW LIVING ONE AND THE PARTY ONE YEAR ASO NOW LIVING ONE AND THE PARTY ONE YEAR ASO NOW LIVING ONE AND THE PARTY ONE YEAR ASO NOW LIVING ONE AND THE PARTY ONE YEAR ASO NOW LIVING ONE AND THE		Single, Twin, Triplet, etc.	4b. IF NOT SINGLE Sp First, Second, etc.	pecify: 5. HOSPITAL	- NAME and CAMPUS (If no	ot in hospital, give street	and number or location)	
12a. FILING PARTY [s. 65/86])(e) NAME AND TITLE 12b. DATE REPORT COMPLETE DISPOSING OF REMANS 15. MAILING ADDRESS OF BILING PARTY (Street & Number - City, State, 2IP) 14. NAME AND COMPLETE ADDRESS OF FACILITY DISPOSING OF REMANS 15. MOTHER'S CURRENT NAME (First, Middle, Last) 16. MOTHER'S BIRTH SURNAME 17. RESIDENCE - STATE 18. RESIDENCE - COUNTY 19. RESIDENCE NISIDE CITY, VILLAGE, TOWNSHIP 20. (CHECK ONE) 21. IS MOTHER MARRIED? (at any time between conception and delivery) 22. MOTHER'S DATE OF BIRTH (Mortin, Day, Year) 22. MOTHER'S DATE OF BIRTH (Mortin, Day, Year) 22. RACE 23. MOTHER MARRIED? (at any time between conception and delivery) 24. HISPANIC ORIGIN 25. EDUCATION White, Stack, (Soedy Cuesan, Maxican, Employees) 25. EMPLOYMENT ONE YEAR AGO 26. MONTH OF PREGNANCY 27. PREVIOUS DELIVERIES 28. MONTH OF PREGNANCY 28. TOTAL NUMBER OF SO. DATE LAST NORMAL ST. CLINICAL ESTIMATE OF JATE OF LAST OTHER TERMINATION 29. MONTH OF PREGNANCY 29. TOTAL NUMBER OF SO. DATE LAST NORMAL ST. CLINICAL ESTIMATE OF JATE OF LAST OTHER TERMINATION 29. MONTH OF PREGNANCY 29. TOTAL NUMBER OF SO. DATE LAST NORMAL ST. CLINICAL ESTIMATE OF JATE OF LAST OTHER TERMINATION 29. MONTH OF PREGNANCY 29. ST. TOTAL NUMBER OF SO. DATE LAST NORMAL ST. CLINICAL ESTIMATE OF JATE OF LAST OTHER TERMINATION 29. MONTH OF PREGNANCY 29. ST. TOTAL NUMBER OF SO. DATE LAST NORMAL ST. CLINICAL ESTIMATE OF JATE OF LAST OTHER TERMINATION 20. MONTH OF PREGNANCY 20. MONTH OF PREGNANCY? 20. MONTH OF PREGNANCY? 21. ST. TURNEY 22. CIGARETTE USE DURING PREGNANCY? 23. ALCOHOL USE DURING PREGNANCY? 24. ST. TURNEY 25. MONTH OF PREGNANCY? 26. MONTH OF PREGNANCY? 27. PREVIOUS DELIVERIES 28. MONTH OF PREGNANCY? 29. MONTH OF PREGNANCY? 29. MONTH OF PREGNANCY? 20. MONTH OF PREGNANCY? 20. MONTH OF PREGNANCY? 20. MONTH OF PREGNANCY? 21. ST. CLINICAL ESTIMATE OF JATE OF LAST OTHER TERMINATION 26. MONTH OF PREGNANCY? 27. PREVIOUS DELIVERIES 28. MONTH OF PREGNANCY? 29. MONTH OF PREGNANCY? 29. MONTH OF PREGNANCY? 29. MONTH OF P		6. COUNTY OF DELIVERY	1 10 25	RED INSIDE CITY, VILL	AGE, TOWNSHIP		8. (CHECK ONE) City Vill. Twrish	
13. MAILING ADDRESS OF BILING PARTY (Street & Number - City, State, ZIP) 14. NAME AND COMPLETE ADDRESS OF FACILITY DISPOSING OF REMAINS 15. MOTHER'S CURRENT NAME (First, Middle, Last) 17. RESIDENCE - STATE 18. RESIDENCE - COUNTY 19. RESIDENCE INSIDE CITY, VILLAGE, TOWNSHIP 21. IS MOTHER MARRIED 22. ISSMOTHER MARRIED 23. SLOW DEPARTMENT OF BIRTH (Mornt), Day, Year) 23. RACE 24. HISPANO CRIGNI 25. EDUCATION White, Black, Ispacely-Cuban, Masican, Berger (Cast) (Completed Now Living) No 25. EMPLOYMENT ONE YEAR ASD (Exclude this Delivery.) 16. MOTHER'S BIRTH SURNAME 27. PREVIOUS DELIVERIES (Exclude this Delivery.) 28. EMPLOYMENT ONE YEAR ASD (Exclude this Delivery.) 19. RESIDENCE INSIDE CITY, VILLAGE, TOWNSHIP 29. HUSBAND'S DATE OF BIRTH (Mornt), Day, Year) 20. HUSBAND'S DATE OF BIRTH (Mornt), Day, Year) 21. SMOTHER MARRIED 22. HUSBAND'S DATE OF BIRTH (Mornt), Day, Year) 23. HUSBAND'S DATE OF BIRTH (Mornt), Day, Year) 24. HUSBAND'S DATE OF BIRTH (Mornt), Day, Year) 25. DATE (AST TOTHER TERMINATION) NOW Dead N			23	10. Wis	SCONSIN LICENSE NUMBE			
14. NAME AND COMPLETE ADDRESS OF FACILITY DISPOSING OF REMAINS 15. MOTHER'S CURRENT NAME (FIRST, Middle, Last) 16. MOTHER'S BIRTH SURNAME 17. RESIDENCE - STATE 18. RESIDENCE - COUNTY 19. RESIDENCE INSIDE CITY, VILLAGE, TOWNSHIP 20. (CHECK ONE) Cov. VII. Twee CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY (at any time between VES NO (but or as a low so) (but or as a low so) (city VII. LAGE, TOWNSHIP (at any time between VES NO (city VII. (city	-	12a. FILING PARTY [s. 69(18(1)(e)) NAME	AND TITLE	1		12b. DATE REI (Month, D	PORT COMPLETED ay, Year)	
15. MOTHER'S CURRENT NAME (First, Middle, Last) 16. MOTHER'S BIRTH SURNAME 17. RESIDENCE - STATE 18. RESIDENCE - COUNTY 19. RESIDENCE INSIDE CITY, VILLAGE, TOWNSHIP 20. CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY (st any time between conception and delivery) 21. IS MOTHER MARRIED? (st any time between conception and delivery) 22. RACE Write, Black, Speedy Chair, Maxican, Highest Grade Completed Amer. Ind., etc. 23. EMPLOYMENT ONE YEAR AGO Occupation 24. HISPANIC ORIGIN 25. EDUCATION No. Death of the person highest Grade Completed Amer. Ind., etc. Powro highest Grade Complete Amer. Ind., etc.			•		<i>(</i> 2.			
17. RESIDENCE-STATE 18. RESIDENCE - COUNTY 19. RESIDENCE INSIDE CITY, VILLAGE, TOWNSHIP CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY 21. IS MOTHER MARRIED? (at any time between CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY 22. MOTHER STATE 22. MOTHER'S DATE OF BIRTH (Month, Day, Year) 22. RACE White, Black, Specify Culsan, Mexican Peter brican Peter brican Amer. Ind., etc. No Now Dead NONE A.				F REMAINS				
CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY 21. IS MOTHER MARRIED? (at any time between conception and delivery) 22. IS MOTHER MARRIED? (at any time between conception and delivery) 23. RACE 24. HSPANIC ORIGIN 25. EDUCATION Highest Grade Completed Purtor Rican, etc. 24. REPART CARE BEGAN (Month, Day, Year) 25. MONTH OF PRENANCY 26. EMPLOYMENT ONE YEAR AGO 27. PREVIOUS DELIVERIES (Exclude this Delivery) 27. PREVIOUS DELIVERIES (Exclude this Delivery) 28. MONTH OF PRENANCY 29. MONTH OF PRENANCY 29. MONTH OF PRENANCY 20. MONTH OF PRENANCY 20. MONTH OF PRENANCY 20. MONTH OF PRENANCY 21. IS MOTHER MARRIED? (Exclude this Delivery) 22. MONTH OF PRENANCY 23. RACE 24. HUSBAND'S DATE OF BIRTH (Month, Day, Year) 25. MONTH OF PRENANCY 26. EMPLOYMENT ONE YEAR AGO 27. PREVIOUS DELIVERIES (Exclude this Delivery) 27. PREVIOUS DELIVERIES (Exclude this Delivery) 28. NOW Livring NOW Livring NOW Livring NOW Livring NOW Livring NOW Dead 28. Number 29. MONTH OF PRENANCY 29. TOTAL NUMBER OF BIRTH (Month, Day, Year) NOW Dead 20. Wes or more) NOW Dead 20. ATELAST NORMAL 31. CLINICAL ESTIMATE OF LIVE BIRTH Month 'vear' 10. Now Dead 20. Wes or more) NOW Dead 20. ATELAST NORMAL 31. CLINICAL ESTIMATE OF LIVE BIRTH M					16. MOT	HER'S BIRTH SURNAMI		
Lat any time between vest conception and delivery) 22. MOTHER'S DATE OF BIRTH (Month, Day, Year) 23. RACE White, Black, Amer, Ind., etc. Specify Cuban, Masican, etc. Purch Rican, etc. Purch Rican, etc. No Description of Industry 24. HISPANIC ORIGIN 25. EDUCATION Specify Cuban, Masican, etc. Purch Rican, etc. Specify Cuban, Masican, etc. Purch Rican, etc. Specify Cuban, Masican, Masican, Masican, etc. Specify Cuban, Masican, etc. Specify Cuban, Masican, etc. Specify Cuban, Masican, etc. Specify Cuban, Masican, Masican, etc. Specify Cuban, Masican, etc. Specif			2.3	37			20. (CHECK ONE) City Vill. Twiniship	
Conception and delivery) 23. RACE White: Black, Amer. Ind., etc. White: Black, Amer. Ind., etc. 24. HISPANIC ORIGIN 25. EDUCATION 26. EMPLOYMENT ONE YEAR AGO 27. PREVIOUS DELIVERIES (Exclude this Delivery.) 25. EMPLOYMENT ONE YEAR AGO 27. PREVIOUS DELIVERIES (Exclude this Delivery.) 26. EMPLOYMENT ONE YEAR AGO 27. PREVIOUS DELIVERIES (Exclude this Delivery.) 27. PREVIOUS DELIVERIES (Exclude this Delivery.) 28. MONTH of PREGNANCY 29. TOTAL NUMBER OF 30. DATE LAST NORMAL 31. CLINICAL ESTIMATE OF 30. Number 31. QUINTAL CARE BEGAN 32. TOTAL NUMBER OF 32. DATE LAST NORMAL 31. CLINICAL ESTIMATE OF 34. WEIGHT GAIN/LOSS DURING PREGNANCY 34. WEIGHT GAIN/LOSS DURING PREGNANCY 35. PART IFETAL DELATH WAS CAUSED BY: Pending. Complete when assessment results are known Fetal or maternal condition of irectly causing fetal death 4. Immediate Cause 5. PART I FETAL DELATH WAS CAUSED BY: Pending. Complete when assessment results are known Fetal and/or maternal conditions, it any, giving rise 5. Consequence of: 5. Due to, or as a 5. Consequence of: 5. Due to, or as a 5. Consequence of: 5. Due to, or as a 5. Due to, or as		TO MOTHER MARKEDS	TIAL INFORMA 22a. MOTHER'S DATE	TION FOR ME OF BIRTH (Month, Day	DICAL AND HEAL y, Year) 22b, HUSB/	TH USE ONLY	Month, Day, Year)	
MEDICAL CODE Medical Code (Code (Co		23. RACE 24. HISPANIC ORIGIN 25.	IdSt Grade Completed	EMPLOYMENT ONE Y	/EAR AGO	27		
MEDICAL CODE Medical Code Month 1-9: Not trimester) Medical Code Month Vear Month V	19	Amer. Ind., etc. Puerto Rican, etc.	JSecond College 0-12) (1-4 or 5+)	Occupation	Kind of Business or Industry	(Exclude th	is Delivery.)	
MEDICAL CODE Month 1-9: Not trimester) Medical code See If yes, avg. number No Cigarettes per day. See If yes, avg. number No Cigarettes per day. No Cigarettes per day. See If yes, avg. number No Cigarettes per day. See If yes, avg. number No Cigarettes per day. No Cigarettes per day. See If yes, avg. number No Cigarettes per day. See If yes, avg. number No Complete when assessment results are known See If yes, avg. number No Complete when assessment results are known See If yes, avg. number No Complete when assessment results are known See If yes, avg. number No Complete when assessment results are known See If yes, avg. number No Complete when assessment results are known See If yes, avg. number No Complete when assessment results are known See If yes, avg. number No Complete when assessment results are known See If yes, avg. number No Complete when assessment results are known See If yes, avg. number No Complete when assessment results are known See If yes, avg. number No Complete when assessment results are known See If yes, avg. number No Complete when assessment results are known See If yes, avg. number No Complete when assessment results are known See If yes, avg. number No Complete when assessment results are known See If yes, avg. number No Complete when assessment results are known See If yes, avg. number No Complete when assessment results are known See If yes, avg. number No Complete when assessment results are known No Co	Husba	a a a	a.	e	h.	Now Living NONE	(Less tran 20 w/s) NONE	
D. b. c. d. b. Number e. Number e. Number PREGNANCY PREGNANCY PRENATAL CARE BEGAN (Month 1-9: Not trimester) MEDICAL CODE 22. CIGARETTE USE DURING PREGNANCY? 33. ALCOHOL USE DURING PREGNANCY? 34. WEIGHT GAIN/LOSS DURING PREGNANCY. 35. PART IFETAL DEATH WAS CAUSED BY: Pending. Complete when assessment results are known directly causing fetal death A. Immediate Cause Due to, or as a b. Consequence of: Date of Last Other PREMINATION (Weeks) DATE OF LAST OTHER DEATH WAS CAUSED BY: Pending. Complete when assessment results are known A. Immediate Cause Due to, or as a b. Consequence of: Due to, or as a b. Due to, or as a b. Due to, or as a b. Consequence of: Due to, or as a b. Due t	Aother	No No				Now Dead	(20 wiss or more)	
MEDICAL CODE MONTH Day Year Month Day Year Month Park Month Park Month Year Month Year Medical Callor Month Year Month		28. MONTH OF PREGNANCY 29. TOTAL	c. NUMBER OF 30. DAT	TE LAST NORMAL 31	1	b Number	e Number	
MEDICAL CODE 32. CIGARETTE USE DURING PREGNANCY? YES		(Month 1-9: Not trimester)	NONE Mont			LIVE BIRTH Month Year	TERMINATION	
No cigarettes per day. No drinks per week. 35. PART I FETAL DEATH WAS CAUSED BY: Pending. Complete when assessment results are known directly causing fetal death Fetal or maternal condition directly causing fetal death Fetal and/or maternal conditions, if any, giving rise to the immediate cause (A) stating the underlying cause Due to, or as a D	MEDICAL CODE	YES T		HOL USE DURING PRE	EGNANCY? 34	I	URING PREGNANCY.	
Fetal or maternal condition directly causing fetal death Fetal and/or maternal couse (State Which) Petal and/or maternal conditions, if any, giving rise to the immediate cause (A) stating the underlying cause Due to, or as a Due to, or as a	35.	NO cigarettes per day.	NO_	drinks per v	week ga	nined. OR	lost.	
conditions, if any, giving rise to the immediate cause (A) stating the underlying cause Due to, or as a B. Consequence of: Due to, or as a Due to, or as a Due to, or as a		Fetal or maternal condition directly causing fetal death		iplete when assessme	nt results are known		etal or Maternal Cause (State Which)	
stating the underlying cause Due to, or as a	39.	conditions, if any, giving rise bue to, to the immediate cause (A)	or as a uence of:					
G. STEID ALEA	40.	stating the underlying cause Due to.	or as a uence of:					

Wisconsin Keepsake Record of Delivery For a Stillbirth

FOR:

John Ryan Smith

BORN TO:

Janet Rose (Johnson) Smith Ryan Bradley Smith

ON: April 2, 2003 AT: 12.45 R.M.

IN: Community Memorial Hospital, Rake Raverne, Wisconsin

DORN: first of one ATTHE GESTATIONAL AGE OF: 20 Weeks

GENDER: Boy WEIGHT: 1&b. 2 oz. LENGTH: 15 inches

BIRTH ATTENDANT J:

Eileen Moore, M. D. and Charlotte Emerson, E.H.M.

RIGHT FOOTPRINT

LEFT FOOTPRINT

DRAFT

Commemorative Keepsake of Delivery

For a Stillbirth

FOR:

Name of Phild

BORN TO:

Mother's Kame Sather's Kame

ON: Sanuary 1, 2004 AT: 12:01 A.M.

IN: Hospital Kame, Elace, Wisconsin

AT THE GESTATIONAL AGE OF: in Weeks

GENDER: Male/Jemale WEIGHT: in Rbs & Oz. LENGTH: inches

BIRTH ATTENDANTS:

Name of M. D. and other Attendees

Quietly you came into our lives - forever to be loved, never to be forgotten.

STATE OF WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES

STATE FILING NO.

REPORT OF FETAL DEATH
FOR STATISTICAL PURPOSES ONLY

NAME (First, Middle, Last) (Optional - M	ay be left blank)	1. DATE OF DELIVERY	2. HOUR 3. SEX
4a. Piurainy Single, Twin, Triplet, etc.	4b. IF NOT SINGLE Specify: 5. HOSPITA First Second, etc.	(Month, Day, Year) L-NAME and GAMPUS If not in ho	State Female
(Specify) 6. COUNTY OF DELIVERY	7. DELIMERY OCCURRED INSIDE CITY, VII.		
9. ATTENDANT NAME	A GOD		8. (CHECK ONE)
	No. Comments	ISCONSIN LICENSE NUMBER	11. TITLE 3 40th 5
12a. FILING PARTY (5. 69(18(1)(6)) NAM	EXMOTTILE		12b. DATE REPORT COMPLETED (Month, Day, Year)
13. MAILING ADDRESS OF BILING PAR	TY (Street & Number - City, State, ZIP)	C.	
14. NAME AND COMPLETE ADDRESS O	P FACILITY DISPOSING OF REMAINS	N. Carrier	
15. MOTHER'S CURRENT NAME (FIRST,	Middle, Last)	\$6*	BIRTH SURNAME
17. RESIDENCE - STATE	a secondary for the secondary of the sec	SIDENCE INSIDE CITY, VILLAGE, T	Misselva 1
	4.0°		City Vill Tensor
21. IS MOTHER MARRIED? (at any time between YES NO	NTIAL INFORMATION FOR ME 22a. MOTHER'S DATE OF BIRTH (Month, Da	DICAL AND HEALTH (17. Year) 225. HUSBAND'S	JSE ONLY DATE OF BIRTH (Month, Day, Year)
23. BACE [24. HISPANIC ORIGINAL 2	5. EDUCATION 26. EMPLOYMENT ONE		
Arner, Ind., etc. Puero Rican, etc.	om/Second College Occupation (8-12) (1-4 or 5+)	YEAR AGO Kind of Business or Industry	PREVIOUS DELIVERIES (Exclude this Delivery.)
Pueden4		1 1	VE BIRTHS OTHER TERMINATIONS (Spontaneous or induced)
	<u> </u>	<u> </u>	NUMber d Mumber
P. P. P.	6.	Nov	PORMS NONE (20 min. or more) NONE
(Month 1-9: Not trimester)	NONE Month Day Year	1. CLINICAL ESTIMATE OF D GESTATION (Weeks)	ALTO OF LAST OATE OF LAST OTHER LIVE BIRTH TERMINATION LONG YEAR MONTY YEAR
MEDICAL CODE 22 CIGARETTE USE DURING PREGNANCE	TY? 33. ALCOHOLUSE DURING PP	EGNANCY? 34. WEIG	HT GAIN/LOSS DURING PREGNANCY.
35. NO Gigarettes per day.	YES If yes, avg	number Net pour	ids Net pounds
35. PART I FETAL DEATH WAS CAUSED Fetal or maternal condition	BY: Pending. Complete when assessm	······································	OR lost. Fetal of Maternal Cause (State Which)
Mark and the second sec	o, or as a		
	o, or as a eccence of:		
40. PART HOTHER SIGNIFICANT CONDITION	o. or as a equence or: 85 of fetus or mother: conditions contributing to in PART ((A)	36. FETUS DIED	
		P Before P Du	ning During Unknown
44. Grams OR ibs	100 verted the or grams) 38. CROWN HE Original und (inches or ce	onverter mimeterscentimeter	: OR in.
	CHECK ALL THAT APPLY 41. EVENTS OF LABOR AND/OR DELIVI	RY 44. CONGENITA	L ANOMALIES OF FETUS
02B Cardiac disease	01A Febrile (> 100 For 38 C) 02B Meconium, Moderate/heav 03C Prem, cupture of membrane	y 01A An 02B Sp	encephalus ina bifida/Meningocale
04D Pre-existing Diabetes 05E Gestational Diabetes	03C Prem, rupture of membrane: 04D Abruptio placenta 05E Placenta previa	040 Mid	drocephalus crocephalus
05F Genital Herpes 07G Other STD (chiamydia, GC)	OFF Other excessive bleeding Seizures during labor		er Cent. Nerv. Sys. anomalies ecity:
C9I Hemoglobinopathy	OSH Precipitous labor (<3 hrs) Prolonged labor (>20 hrs)		art malformations er Circ./respir. anomalies
11K Hypertension, pregnancy assoc	10.1 Dysfunctional labor 11K Breech	Spi	scity:
13M Incompetent cervix	12L Other maipresentation 13M Cephalopelvic disproportio		ctal atresia/stenosis cheo-esophagea!
150 Previous preterm or small-for-	14N Cord prolapse 150 Anesthetic complications 16P Fetal distress	10J Om	stula/Esophageal atresia phalocele/Gastroschisis
16P Renal Disease	170 None	11KOth	er gastrointestinal anomalies cify:
18R Uterine Bleeding	Specify:	12L Mai	formed genitalia
Specity;	12. METHOD OF DELIVERY	14N Oth	ial agenesis er urogenital anomalies icity:
40. OBSTETRIC PROCEDURES	Vaginal after previous C-se Primary C-section	ction	ft lip/palate
Electronic Fetal monitoring	DAD Repeat C-section DEE Forceps	16P Pol)	dactyly/Syndactyly/Adactyly
	Hysterotomy/Hysterectomy FG Vacuum	18R Diaj	phragmatic hernia er musculoskeletal/integumental
06F Utrasound 4	3. ASSESSMENT (Check Each Done)		malies
DBH None 0	28 Autopsy 36 Photographs	20T Dow	n syndrome
Specify: 0	4D X-Rays SE Chromosomai Studies	210 Oth	er chromosomal anomalies city:
0	6F Placental Exam 7G Cultures (Infectious)	22V Non 24X Onne Spe	er
NOTE: THIS FORM IS REQUIRED FOR ANY DELIVER' INDICATED BY THE FACT THAT THE FETUS SI	Y OF 20 WEEKS OR MORE GESTATION O HOWS NO EVIDENCE OF LIFE. THIS FORI	H IF FETUS WEIGHS 350 GRAINS WIS NOT TO BE USED FOR INC	MS OR MORE WHEN DEATH IS DUCED ABORTIONS.

Halbur, Jennifer

From:

on behalf of Roessler, Carol

To:

tipetro@newnorth.net

Subject:

SB 399

Jennifer,

Thank you for your e-mail regarding Senate Bill 399 and the February 12th Senate Health Committee hearing.

You have no reason to apologize for your testimony that day. I asked you to come forward and share your experience with the Committee. Your testimony was imperative to the vote of the members.

As you probably know, Senate Bill 399 has passed both the Senate and the Assembly. I anticipate that the Governor will sign this bill in the near future.

I look forward to seeing you again at the bill signing!

Sincerely,

Carol

Senate Bill 399

THIS BILL CREATES A NEW, OPTIONAL CERTIFICATE CALLED A CERTIFICATE OF BIRTH RESULTING IN STILL BIRTH.

- Representative Honadel will be providing testimony.
- Mothers who have given birth to still born babies will be present to testify in favor of the bill.

December 9, 1999, is a day that will forever be etched in my memory. It is the day that our first born child, the child of all of our hopes and dreams, left us forever. Emma Pearl Bruegger, at 38 weeks gestation was stillborn at 1:26 p.m. We had no idea she was so sick and full of infection. Emma's loss is a loss we have learned to live with but as other mom's of angels will tell you, we will NEVER get over.

We were told that we would get a fetal death report. And although she lived within my womb for 38 weeks, we would not get a birth certificate. The fetal death report as you may or may not know is a cold non-feeling report that is filled with medical terms that most grieving parents do not understand. It does not acknowledge our baby's lives.

Many people who have not experienced a stillbirth do not understand nor will they ever the feelings a parent has when he or she loses a child. There is an indescribable need to have something to hold on to. By offering the parents of a stillborn child a Certificate of Birth resulting in stillbirth you are also offering the parents a chance for some closure and the acknowledgement of their child's life. This would also allow them to have that "something" to hold on to. Denying this Certificate only reinforces the common false perception of the newly bereaved; that they have failed and are unworthy of the title "Parents".

3 Have Bruegge

On behalf of all the parents who have endured a stillbirth and the 444 WI families who will suffer a stillbirth this year, we are asking you to vote in favor of SB 399.

Sincerely

Michelle R Zettle-Bruegger

MARK GREEN 8TH DISTRICT, WISCONSIN

ASSISTANT MAJORITY WHIP



CONGRESS OF THE UNITED STATES HOUSE OF REPRESENTATIVES

November 24, 2003

COMMITTEE ON FINANCIAL SERVICES

VICE CHAIR
SUBCOMMITTEE ON HOUSING AND
COMMUNITY OPPORTUNITY

COMMITTEE ON THE JUDICIARY

VICE CHAIR SUBCOMMITTEE ON CRIME, TERRORISM AND HOMELAND SECURITY

COMMITTEE ON INTERNATIONAL RELATIONS

Dear Cherie:

Cherie Klopp

1825 Watersmeet Lake Road Eagle River, Wisconsin 54521

Thank you for your recent email. I am very sorry to hear about the loss that you suffered – as a parent, I cannot imagine the pain you and your husband experienced.

I looked into this issue and I do have some good news to share with you. While the state does not *legally* recognize the fetus – not my term either – as being a child, it is left up to the hospital what type of a certificate to issue. This is not to say that hospitals are required to issue any certificate, just that they can if they so choose.

Having said that, I think Wisconsin should follow the lead of states like Utah and Iowa and issue certificates of stillbirth. As you learned during your research, regulations dealing with birth certificates are handled by individual states – not at the federal level where I serve.

That is why I encourage you to contact your state representative by calling the legislative hotline at 1-800-362-9472. You can tell them I strongly support your efforts and will help in any way I can.

Thanks again for your email and I hope that you will continue to keep in touch.

Best Regards,

Mark Green

Member of Congress

MAG:br

700 EAST WALNUT STREET GREEN BAY, WI 54301 (920) 437-1954

609A WEST COLLEGE AVENUE APPLETON, WI 54911 (920) 380-0061

Halbur, Jennifer

To:

Reader, Chris Roessler Quote

Subject:

"While I have not had this experience personally, I know the pain, heartache and emotion involved. I have a close family member that suffered through the tragedy of a still birth and it is a heartbreaking experience to have to go through."

Here is the quote Sen. Roessler would like to use for the LRB 3641/1 press.

Thanks, Jennifer